





























**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

G Attach to Form 990 or Form 990-EZ.

G Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

Employer identification number

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)Yes						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) G	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<sup>1</sup> Gifts, grants, contributions, and membership fees received. (Do not						


--	--


**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) G	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) G	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Amounts from line 6						













Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Go Attach to Form 990, Form 990-EZ, or Form 990-PF.  
Go Go to [www.irs.gov/Form990](http://www.irs.gov/Form990)

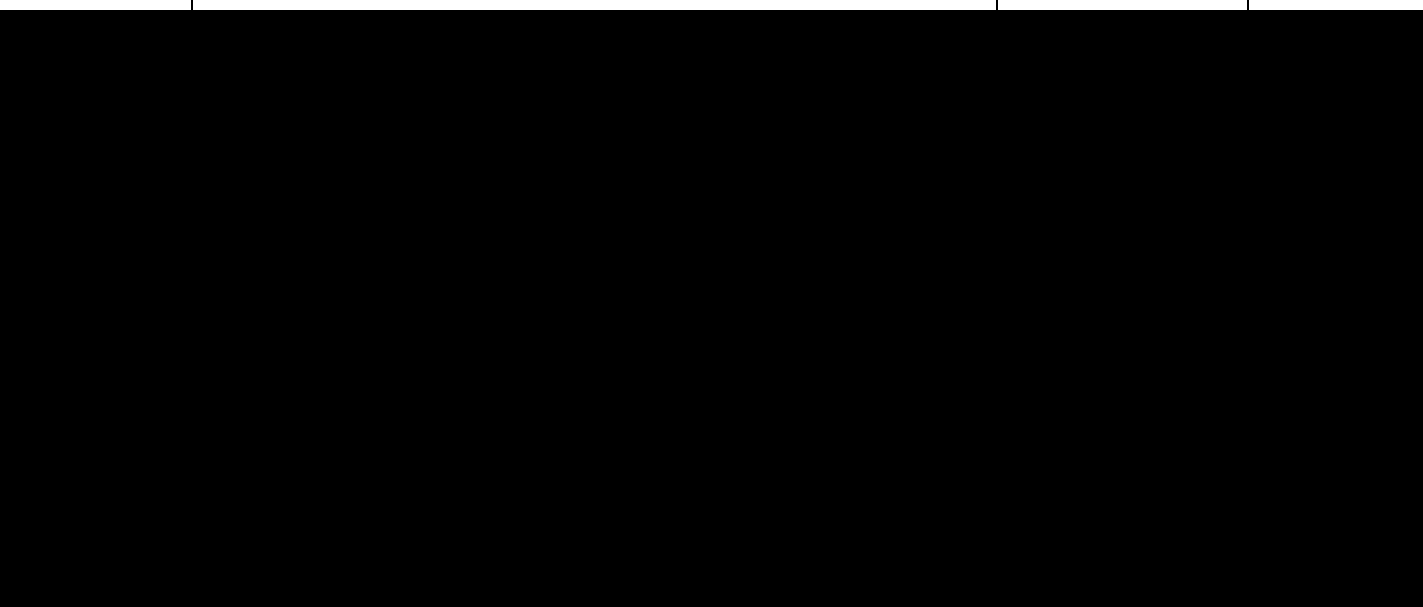
OMB No. 1545-0047

2019

\_\_\_\_\_



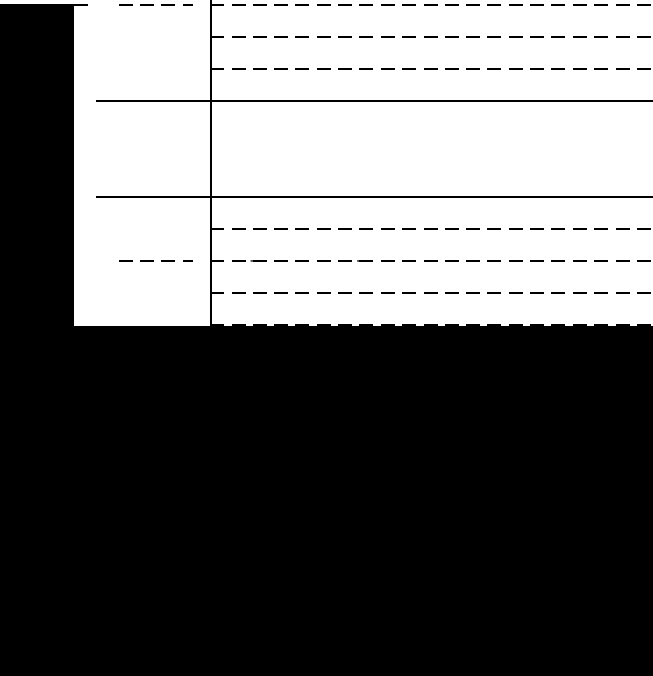
---	-----	-----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	-----	-----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	-----	-----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	-----	-----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



--	--



---	-----		-----
---	-----		-----
---	-----		-----
---	-----		-----
---	-----		-----
---	-----		-----











---

---

---

---

---

---

---

---

---

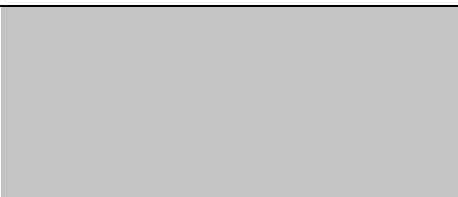
---

---

---

---

---



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

---



---



---

---

---

---

---

---



---



---



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

If 'Yes,' explain the arrangement in Part XIII. Check here if the 28 Tm 0.007 Tc 0 Tw (.) Tj 1 0 0 1 455s, or other si Tc (.) Tj 1 0 0 1 126.72 515.2






**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b> Total revenue, gains, and other support per audited financial statements.....	<b>1</b>	
Am108.12 -0.48 re 0 g f* Q q 342.96 657.m108.12 -0.48 re 0 g f* Q q 342.96 657.m10f* no 540.125rluc9.2		Tm 0.007 Tc (.) Tj 1 0 0 1 364.32 7p

Grey box


Grey box

Horizontal line



**Part XIII Supplemental Information** (continued)

**Schedule D, Part XI, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

Actuarial Adj. of Remainder Trust Oblig .....



---



---

---

---

---

---

---

---

---

---

---

---

---

---



---

---

---


---

---

---

---

---



---

---

---

---

---

---

---

---

---

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name G \_\_\_\_\_

Address G \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization G \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party G \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

Name G \_\_\_\_\_

Address G \_\_\_\_\_

16 Gaming manager information:

Name G \_\_\_\_\_

Gaming manager compensation G \$ \_\_\_\_\_

Description of services provided G \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

Mandatory /F9 8.6istribuf se /F9 8.04 Tf 1 0 0 1 23.88 650.1635c (G) Tj /F46 9.96 Tf 1 0s1 23.88 650.1635c (G) Tj /F46 9.96 Tf 1 0n4f se /F 0 1





**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Student Aid	1,400	3,655,332.		Book value	
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**Part IV - Additional Supplemental Information**

Part I, Line 2: All grants & assistance payments to the university are required to include appropriate documentation providing details of expenditures, including authorized signature authority. All scholarship requests are reviewed against the eligibility criteria.

Part III, column (b): Approximate number of FY20 student aid recipients based on the foundation's scholarship tracking system.



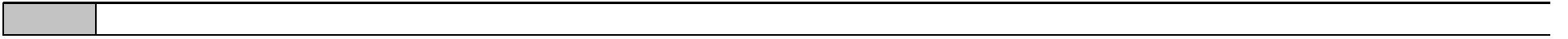
**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Susan Foley 1 President	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,690.	0.	0.	27,795.	12,166.	243,651.	0.
Stan Mishin 2 Dir of Finance	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	128,450.	0.	0.	19,653.	28,598.	176,701.	0.
Jim Johnsen 3 Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	330,762.	0.	0.	42,413.	24,497.	397,672.	0.
Dan White 4 Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	309,937.	0.	0.	42,413.	26,960.	379,310.	0.
Rick Caulfield 5 Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	153,864.	0.	0.	65,823.	0.	219,687.	0.
Cathy Sandeen 6 Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	310,938.	0.	0.	36,813.	15,170.	362,921.	0.
Megan Riibe 7 Ass VP Development	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	143,935.	0.	0.	20,786.	17,410.	182,131.	0.
Emily Drygas 8 Dir Principal Gift	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	122,004.	0.	0.	3,213.	33,499.	158,716.	0.
David Woodley 9 Dir Data Services	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	113,423.	0.	0.	3,213.	43,467.	160,103.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							







**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

**Schedule M - Additional Information**

Part I, Column B:

Li nes 1, 9, 25 -Number of contri buti ons

Li ne 26- Number of i tems recei ved

Name of the organization

University of Alaska Foundation

Employer identification number

23-7394620

**Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee**

The executive committee consists of no more than six members, who are also members of the governing body. The committee acts only during intervals between meetings of the board of directors and may exercise all of authority and powers of the board of directors in the management of the affairs of the foundation, with the exception that they may not amend the bylaws.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

The board includes between 20 and 30 voting members, as determined from time to time by the board. There are also four classes of members:

- Ex-officio directors include the president of the university and the university chancellors, as voting members;
- Regent directors include two members of the board of regents, annually appointed by the chair of the board of regents, as voting members;
- Elected directors include not less than 14 and no more than 24 directors, as voting members. They are elected by a majority vote of the board of directors present at a duly noticed meeting of the board from the slate of candidates prepared by the committee on membership;
- Emeritus directors are honorary lifetime members of the board who do not have the ability to vote and their number is not included in calculating the total number of directors and quorum.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

The Form 990 is prepared by the foundation's director of finance, who presents the draft return to the finance & audit committee of the board for review before filing it with the IRS. The review includes a presentation by the director of finance highlighting key sections of the return and any material changes from the prior year.

Name of the organization Uni versi ty of Al aska Foundati on	Employer identification number 23-7394620
---	--

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

The foundation's compensation system is administered by the University of Alaska's human resources department in accordance with the university's salary administration policies.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

Same as Line 15a above.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The foundation's governing documents, key policies, and audited financial statements are posted on the organization's website at [www.alaska.edu/foundation](http://www.alaska.edu/foundation)

**Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances**

Actuarial Adjustment of Remainder Trust Obligations.....	\$ -84,405.
Total	\$ -84,405.

**Part I Line 15 / Part IX Functional Expense Reporting:**

The reporting of compensation in the form 990 reflects the amounts paid to the University of Alaska for compensation, benefits and related costs of foundation staff who are employees of the university. The reimbursements are reported as salaries, benefits and payroll taxes of the foundation within the form 990, since the foundation directly reimburses the university for these expenses.

**Part V, Line 2A - Reporting of Employees on Form W-3:**

The University of Alaska pays employees and files Form W-3 on behalf of the foundation.

**Part VI, Section B, Line 12C - Conflict Of Interest Policy Monitoring**

The foundation has a conflict of interest policy which applies to board members, committees, officers, employees, and volunteers having board delegated powers. This policy is distributed annually and each recipient reviews the policy, signs it and returns it to the board coordinator indicating either no conflicts or disclosing any existing or foreseeable conflicts. Any disclosures are then forwarded to the

Name of the organization

University of Alaska Foundation

Employer identification number

23-7394620

executive committee for review and action. If a conflict is disclosed in a meeting, the nature of the potential conflict, the determination by the board or committee, and details of any notes taken are documented in the minutes of the meeting.

**Part IX- Compensation Reporting:**

Foundation staff are all employees of the University of Alaska. The foundation reimburses the university for all compensation and related expenses. For the purpose of the functional expense reporting, amounts paid to the university for salaries, pension plan contributions, other employee benefits, payroll taxes are included in their natural line categories

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

**G** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
**G** Attach to Form 990.

**G** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

University of Alaska Foundation

Employer identification number

23-7394620

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) University of Alaska PO Box 756540 Fairbanks, AK 99775 92-6000147	Education through Teaching and Research	AK	115		N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							





